**Facilitator Instructions: Meeting Evaluation Form**

*(These instructions will be shared near close of final session on Friday, ~1:50 pm and accompany the CCPRP Meeting Evaluation Form Dec 19).*

I’d like to draw your attention to the Evaluation Form that is in the right-hand pocket of your folder. Filling out this evaluation form is completely voluntary. If you choose to complete it, the feedback you provide will be used to shape future meetings so that they are of greatest relevance and use to you. Please turn in your forms to Peter Willenborg, or put them in this box. Thanks.

**In-Person Convening**

**Child Care Policy Research Partnership Grantees**

**Meeting Evaluation Form**

Thursday, December 5 – Friday, December 6, 2019 – Urban Institute

Thank you for attending the CCPRP Grantee meeting! Please take a few minutes to provide feedback.
Your responses will be used to shape future Community of Practice (CoP) meetings.

**Please circle a number to indicate whether you agree or disagree with each statement.**

1=Strongly Disagree 2=Disagree 3=Neither Agree Nor Disagree 4=Agree 5=Strongly Agree

 **Strongly ------------------ Strongly**

**Session 1: Conversations with Shannon Christian, OCC Disagree Agree**

1. I felt this session was a good use of my time. 1 2 3 4 5
2. I am more aware of how my project goals relate to federal 1 2 3 4 5 policy interests.

**Session 2: Research Approaches on the 11 projects**

1. I felt this session was a good use of my time. 1 2 3 4 5
2. My knowledge or awareness of project similarities increased. 1 2 3 4 5

**Session 3: Working lunch**

1. I felt this session was a good use of my time. 1 2 3 4 5
2. My knowledge or awareness or project similarities increased. 1 2 3 4 5

**Session 4: Plans for Community of Practice**

1. I felt this session was a good use of my time. 1 2 3 4 5
2. I was comfortable contributing to the discussion. 1 2 3 4 5

**Session 5a: Peer Working Group Session I**

1. Which peer working group did you join for Session I? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I felt this session was a good use of my time. 1 2 3 4 5
3. I felt opportunities for collaboration became clearer. 1 2 3 4 5
4. I felt the structure of the conversation was helpful. 1 2 3 4 5
5. I felt the discussions were helpful for my project. 1 2 3 4 5

**Session 5b: Peer Working Group Session II**

1. Which peer working group did you join for Session II? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I felt this session was a good use of my time. 1 2 3 4 5
3. I felt opportunities for collaboration became clearer. 1 2 3 4 5
4. I felt the structure of the conversation was helpful. 1 2 3 4 5
5. I felt the discussions were helpful for my project . 1 2 3 4 5

**Session 6: Plans for Dissemination**

1. I felt this session was a good use of my time. 1 2 3 4 5
2. I was comfortable contributing to the discussion. 1 2 3 4 5
3. I have more ideas for disseminating my work. 1 2 3 4 5

**Reflecting on the Meeting as a whole**

1. I feel I had adequate time to:
	1. Share and discuss my project with others. 1 2 3 4 5
	2. Learn about other projects. 1 2 3 4 5
	3. Share my opinions on the CoP. 1 2 3 4 5
	4. Meet and speak with other grantees. 1 2 3 4 5
2. I understand how the CoP will support the CCPRP grantees. 1 2 3 4 5
3. I am leaving the meeting with ideas for cross-project 1 2 3 4 5 collaboration.
4. **If you disagreed (2) or strongly disagreed (1) with any statements above, please explain further:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please circle a response to indicate if you would have preferred to spend more time, about the same time, or less time on each of the following:**
	1. Presentations from grantees **More time About the same Less time**
	2. Presentations from OCC **More time About the same Less time**
	3. Whole group discussion **More time About the same Less time**
	4. Peer working groups **More time About the same Less time**
	5. Small group activities **More time About the same Less time**
	6. Informal networking and discussion **More time About the same Less time**
2. **What aspects of the meeting did you find most useful?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have any additional comments for the meeting organizers, including topics you wish had been covered more deeply?**

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1. **Please indicate your role:**
	* Grantee CCDF lead agency staff

**Thank you for your time!**

* + Grantee research partner

**Paperwork Reduction Act Statement:** This collection of information is voluntary and will be used to collect participant feedback to shape future meetings. Public reporting burden for this collection of information is estimated to average 5 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to jisaacs@urban.org.